STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

BAYFIELD COUNTY, WISCONSIN APPLICATION FOR PERMIT

JUL 21 2014 (ENTERED)

Permit #: Date: Amount Paid: 8.19. 7-21-14 1

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept

Refund:

Contractor: Ranly TYPE OF PERMIT REQUESTED -> | KLAND USE | SANITARY | PRIVY

OWNER'S NAME: | Mailing Address: | Mailing Address: | N 5 6 - 17 11 6 Authorized / Jane Stadler (LE)

Address of Property: S109C PROJECT LOCATION Section 1/4, 6 Club Brock Legal Description: (Use Tax Statement) , Township LIKE 2 겫 Ŝ n on behalf of Own N, Range 05 ner(s)) Contractor Phone:
715-788-4324
Agent Phone: ≨ City/State/Zip: Cable 136 3 | PRIVY | CONDITIONAL USE | SP Vio-Grandvie 2-44-05-20-200 Agent Mailing Address (Lot(s) No. 5482 と (include City/State/Zip): DU2. P 05 ☐ SPECIAL USE 13 Recorded Do Subdivision: 53089 bool 100 mt: (i.e. 715-634-715-218-9840 Written Av Attached Yes X No .e. Property Ov Page(s)_ 584 Winership) 205

					0,000	<u>۸</u>		Value at Time of Completion * include donated time & material	☐ Non-Shoreland	⊮Shoreland →			
		Property	□ Run a Business on	☐ Relocate (existing bldg)	□ Conversion	☐ Addition/Alteration	New Construction	Project		ि s Property/Land within	Creek or Landward side of Floodplain? If yescontinue>		
**************************************		Foundation	✓ No Basement	☐ Basement	√2-Story	☐ 1-Story + Loft	□ 1-Story	# of Stories and/or basement		n 1000 feet of Lake, Pon If ye	of Floodplain? If ye		
						Year Round	✓ Seasonal	Use		d or Flowage	If yes-continue>		
			□ None		₩3	□ 2	□ 1	# of bedrooms	-	*Lake, Pond or Flowage Distance Structure is from Shoreline: Tyes If yes—continue			
	□ None	□ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or Vaulted (min 200 gallon)	PSanitary (Exists) Specify Type: Mound	☐ (New) Sanitary Specify Type:	□ Municipal/City	What Type of Sewer/Sanitary System Is on the property?		cture is from Shoreline: feet	feet		
			ntract)	Ited (min 200 gallon	ify Type: Mosad	fy Type:		/pe of ary System roperty?		r Ves	Is Property in Floodplain Zone?		
		<u> </u>	<u> </u>		П	_ Xwell	□ City	Water		□ Yes	Are Wetlands Present?		

Existing Structure: (if permit being applied for is relevant to it)
Proposed Construction:

Length:

		1		
Proposed Use	•	Proposed Structure	Dimensions	Square Footage
	, l	Principal Structure (first structure on property)	×	
	M	Residence (i.e. cabin, hunting shack, etc.)	132×44) 1408
		with Loft	×	
Residential Use		with a Porch	CE×01)) つだと (
		with (2 nd) Porch	×	
		with a Deck	×	
		with (2 nd) Deck	(x)
Commercial Use		with Attached Garage	(×)
****		Bunkhouse w/ (\square sanitary, <u>or</u> \square sleeping quarters, <u>or</u> \square cooking & food prep facilities)	(×)
		Mobile Home (manufactured date)	(×	
		Addition/Alteration (specify)	(x)
Wiunicipal Use		Accessory Building (specify)	-	;
	<u></u>	Accessory Building Addition/Alteration (specify)	(×	
Hec'a for issuance	mand [Account			The state of the s
		Special Use: (explain)	(×)
		Conditional Use: (explain)	×	
Social Staff		Other: (explain)	(×	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any gasonable time by the purpose of inspection. 3 1-11-14

Authorized Agent:

Owner(s):

(If there

Deed All Owners

or letter(s) of

pany this application)

Date

(If you are signing on behalf of the owner(s) a letter

2 \cap Æs Hatley

000

OHHY5 Date

If you recently purchased the pr Attach
Copy of Tax Statement
Operty send your Recorded Deed

For TBA	2	ected by:	Inspection Record: Motta all softwile	Was Parcel Legally Created XYes □ No Was Proposed Building Site Delineated XYes □ No	Granted by Variance (B.O.A.) □ Yes 🔊 XNo Case #:	Permit #: /4_0976 Permit Date: \(\) Is Parcel in Common Ownership \(\text{Yes} \) (Fused/Contiguous Lot(s)) Yes Structure Non-Conforming \(\text{Yes} \) Yes \(\text{Yes} \)	e Information (County Use Only) nied (Date):		Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) fe one previously surveyed corner to the other previously surveyed corner, or verifiable by the Departmenarked by a licensed surveyor at the owner's expense. (9) Stake or Mark Proposed Location(s) of New Constru	Setback to Privy (Portable, Composting) All From to the placement or construction of a structure within ten (10) feet of the minimum required sett other previously surveyed corner or marked by a licensed surveyor at the owner's expense.	où G	Setback from the South Lot Line Setback from the West Lot Line Setback from the East Lot Line 1607 Ft	Platted Road 340+ 230+ WAY NA	Description Measurement	Please complete (1) – (7) above (prior to continuing) (8) Setbacks: (measured to the closest point)		See attached	(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show: (6) Show any (*): (7) Show any (*): (8) Show any (*): (8) Show any (*): (9) Show any (*): (10) Show: (11) Show Location of (*): (12) Show / Indicate: (13) Proposed Construction (14) Proposed Construction (15) Proposed Construction (16) Show Location of (*): (17) Show Location of (*): (18) Proposed Construction (19) Proposed C
Affidavit: Hold For Fees 🖎 🖠 🕏	pelly disposed of in a construction	tal	Zoning District (\mathcal{R}^{-1}) Lakes Classification (\mathcal{R}^{-1})	Were Property Lines Represented by Owner XYes □ No □ N	A management of the state of th	8-19-14 No Mitigation Required □ Yes XNo Affidavit Required □ Yes X No XNo Affidavit Attached □ Yes XNo	467	NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured into the other previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense. (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).	Feet	Feet Setback to Well /O Feet	Feet Setback from Wetland M/F Feet Feet 20% Slope Area on property □ Yes ☒ No Feet Elevation of Floodplain ✓ / Feet	1 1 1 1	Measurement	ust be approved by the Plan			Proposed Construction Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%

Club Lake Rd. Bed cull mound St. 80 atkins

Lake

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

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PO Box 58
Washburn, WI 54891
(715) 373-6138

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Owner's Name: Mailing Address: L Existing Structure: (if permit being applied for is relevant to it)
Proposed Construction: ¥ Shoreland 26015 Club Ś □ Non-Shoreland Authorized Agent: (Person Signing Application on behalf of Owner(s)) X of Completion Address of Pro donated time & Value at Time Rec'd for Issue... Owner(s): _i Secretarial State Š W. T. am PROJECT LOCATION 500 Municipal Use Commercial Use Residential Use Proposed Use include Section ---- \bigcirc 30 ☐ Conversion
☐ Relocate (existing bldg)
☐ Run a Business on New Construction □ Addition/Alteration 🗴 is Property/Land within 1000 feet of Lake, Pond or Flowage Legal Description: (Use Tax Statement) at any reas ☐ Is Property/Land within 300 feet of River, Stream Creek or Landward side of Floodplain? If yes-STADILLE 27/27 , Township 44 Project < Other: \$ Wobile Home (manufactured date) Residence Conditional Use: Special Use: (explain) Addition/Alteration (specify) Bunkhouse w/ (□ sanitary, Principal Structure (first structure on property) Accessory Building Addition/Alteration (specify) Accessory Building FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES my accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) yo fall information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept fiability which this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the N, Range (i.e. cabin, hunting shack, etc. X 1-Story and/or basement with a Porch with (2nd) Porch with Attached Garage with (2nd) Deck with a Deck with Loft 2-Story Basement Foundation No Basement 1-Story + Loft # of Stories (explain) Becau Strictle S (specify) Contractor Phone: NEG WATION € Agent Phone: City/State/Zip: If yes-1739 23 digits) ☐ sleeping quarters, or ☐ cooking & food prep facilities) Proposed Structure Length: Length: Siern continue continue Year Round Seasonal 10,180 Use 00016-100-50 B-06-06-31000 Lisbon, Rd Drand S * CONDITIONAL USE DONCE Plumber: Agent Mailing Address (include City/State/Zip) ¥ None Distance Structure is from Shoreline: Distance Structure is from Shoreline bedrooms N 54831 앜. iew Sussex width: Width: Sanitary (Exists) Specify Type: Mann Municipal/City (New) Sanitary None Block(s) No Portable (w/service contract) Compost Toilet SPECIAL USE Ÿ Sewer/Sanitary System 5 Is on the property? What Type of Volume Subdivision Recorded Do feet 53089 Specify Type: Date **Dimensions** تو Is Property in Floodplain Zone? B.O.A. |×|×|×|× $\times | \times | \times$ × \times Height: ∏XYes Height: 8 nt: (i.e. 446 -Attached

Ves No 、 □ OTHER Telephone: ブル Plumber Phone: 218-9840 Written Authorization Page(s) . Property ₿١٧ 0220 õ Are Wetlands Present? -3439 716 Footage Square S 836 X well ☐ Yes Ø Water City

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Address to send permit _

200

SPONE

Cirde

Hatley

E

Authorized Agent:

(If you are signing on behalf of the o

vner(s) a letter of authorization must accompany this

accompany this

application)

Date

ou recently purchased the

Attach
Copy of Tax Statement Copy of Tax Sta

Hold For Sanitary:	Signature o	May	Date of Inspection:	Inspection Reco	Was Prop	Granted by V	Is Parcel ir Is Struc	Permit #:	Issuance Informa Permit Denied (Date):		Prior to the pla one previously marked by a lic	Prior to the pla other previous	Setback to	Setback fr	Setback fr	Setback fr		Please	Please	
nitary:	Structure:	Town, Com	$\lfloor j \rfloor$	Record: With	Was Parcel Legally Created Was Proposed Building Site Delineated	Granted by Variance (B.O.A.)	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	1007	Information ied (Date):	(9) Stake o	cement or constructio surveyed corner to the ensed surveyor at the	Prior to the placement or construction of a structure with ather previously surveyed corner or marked by a licensed	Setback to Septic Tank or Setback to Drain Field	Setback from the East Lot Line	Setback from the North Lot Line Setback from the South Lot Line Setback from the Wast Lot line	from the Centerli	Description	(8) Setbacl	Complete (1)	(1) Show Location (2) Show / Indicat (3) Show Location (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):
Hold For TBA:	Marian	mittee or Board Conditions Attached? The Wased for hum	41-46	1. Meta	10.1 2 11.1	.) Case #:	Lot		Issuance Information (County Use Only) Permit Denied (Date):	Stake or Mark Proposed Location(s) of New Construction, NOTICE: All Land Use Permits Expire One (1) Year from For The Construction Of New One & Two Family Dwelling: ALL N The local Town, Village, City, State or F	n of a structure more e other previously sun owner's expense.	truction of a structure within ten (10) feet of the rection of a structure within ten (10) feet of the	Tank or Holding Tank ield	Line	اصما	11 1박 1종	ption	Please complete (1) – (7) above (prior to continuing) (8) Setbacks: (measured to the closest point)	(7) above (prior)	(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show: (7) Show any (*): (8) Show any (*): (8) Show any (*): (9) Show any (*): (1) Show any (*): (1) Show any (*): (2) Show Coation of (*): (3) Construction (4) Proposed Construction (*) Proposed Construction (*) Proposed Construction (*) Proposed Construction (*) Frontage Road (Name Front All Existing Structures on your Property (*) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (*) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
ГВА:	huntario	Strache (Con h		all	XYes ONO		(Deed of Record)			ed Location(s ad Use Permits I New One & Tw The local Tow	than ten (10) feet bu reyed corner, or veri	nten (10) feet of the urveyor at the owne			1000 KM	oad ay		r to continuing) to the closest	S	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) F All Existing Structures (*) Well (W); (*) Septin (*) Lake; (*) River; (*) (*) Wetlands; or (*) Sh
	in the	□Yes □	pected by:	soflacles				Permit Date:	Sanitary Number: Reason for Denial:	Expire One (1) or Family Dwell or Family Dwell on, Village, City,	at less than thirly (30 fiable by the Depart	minimum required : it's expense.	30	130+		340+	Measurement	point)	Sec a	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Fron All Existing Structures on (*) Well (W); (*) Septic Ta (*) Lake; (*) River; (*) Stope (*) Wetlands; or (*) Slope
Hold For Affidavit:	tures	No - IIF No		J			XNo XNo	8.19	er: lial:	truction, (/ear from ting: ALL N State or Fe	nent by use o	setback, the b	Feet	Feet	Feet Feet	Feet	7.		tach	ntage Road your Prop your Prop ank (ST); (' eam/Cree
	J M Shuch	y need to be	tutale		Were Property Lines	Previously Granted by	Mitigation Required Mitigation Attached	I		NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not be For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Done The local Town, Village, City, State or Federal agencies may also require permits.	e minimum required setbad of a corrected compass from	oundary line from which the setback must be measured must be visit	Setback to Well	Elevation of Floodplain	, ੜੋ	Setback from the River, Stream, C Setback from the Bank or Bluff		c h	z v v v v v v v v v v v v v v v v v v v	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
Hold For Fe	duy				es Represei Was Proj	Variance	□Yes		# of bedrooms:	in field (DI f Construct f Construct uired To En lso require	k, the boundar a known corne	setback must		on property odplain	Wetland	Lake (ord River, Str Bank or B	Description	anges in pl		*) Holding
Fees:		ter			Represented by Owner Was Property Surveyed	(B.O.A.)	XNo o		oms:	ion or Use I force The Upermits.	y line from whi r within 500 fe	be measured m		1		inary high-v eam, Creek luff	tion	Changes in plans must be approv		Tank (HT)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date of Approval:	notes pressure	Date of Re-Inspection:	Zoning District Lakes Classification	ner Styes	Case #:	Affidavit Required Affidavit Attached		Sanitary Date:	Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W), the Date of Issuance if Construction or Use has not begun. Aunicipalities Are Required To Enforce The Uniform Dwelling Code. Bederal agencies may also require permits.	Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.	nust be visible from one previou				water mark)		approved by the Planning & Zoning Dept.		and/or (*) Privy (P)
	wal: 7_		ction:				Yes			nd <u>Well (</u> W	ed must be visil ructure, or mu	sly surveyed corner to the	30	WA	NA	25/2	Measurement	ning & Zoni		
-	7-25-14	8.					XNo XNo			ب ا	ble from st be	rner to the	Feet	Feet	Feet	Feet Feet	lent	ng Dept.		<i>'</i>

79 (E) 15 (Z) 5 (T) NT ojaq xoq ay j Bed OL. 3 am Pole barn Newst 44 bolcy _32 - Litank Canala. 75 0 mound Setback 0 0 Q X Screen house House in bak of 0 51 existing 0 to be p 0 Shallow Well new Deep well WDS 7-24-14. 0 0 itor SLEPS Dion. Ilon Lon (5) ا _ کو Mock Water Link. atkins Lako